

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-878)

SERIAL NO. 09/185225  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
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49						
50						
TOTAL IND.		1				
TOTAL DEP.	11	10				
TOTAL CLAIMS	12	11				

IND.	DEP.	IND.	DEP.
61			
62			
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

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